UNIVERSITY OF SOUTHERN MAINE

Human Resources Additional Compensation Form

Shaded area for Human Resources office use ONLY:

Proc By	Date	Position #	Status		Paygroup
Home Campus	**Reason**	**Earn Code**	**Seq#**	**Job Record #**	**Data Entry Date**

To ensure accuracy, please complete this form ONLINE.

Prepared By:	Phone:	Date:

Deadlines for completed original to Human Resources:

Monthly Employees – AS SOON AS POSSIBLE, but no later than the 10th of the month,
Biweekly & Student Employees - AS SOON AS POSSIBLE.

Last Name (LEGAL NAME)	Suffix	First Name (LEGAL NAME)	M.I.	Maine Street Employee ID #

Department offering additional work	Employee's Home Department
- - Forms with no Department chosen wil be RETURNED - -	**- - Forms with no Department chosen wil be RETURNED - -**

Biweekly/Monthly Amount per Pay Period	# of Payments	Total Additional Pay	Payroll Start Date	Payroll End Date
$		$ **$0.00**		

Reason Notes for Additional Compensation

--Please Review Reason Notes BEFORE making selection-- **Please make Reason Selection HERE**

Detailed Description of Work, Number of Hours Worked, and Dates Work was performed

Earnings Distribution

Start Date	End Date	Chartfield Combination							HR Accounting ID (10 digits)	Distribution Percent
		Department	Fund Code	Account Code	Class Code	Project Code	Program Code	Operating Unit		
										%
										%
										%
										%
(Please add more distribution lines on reverse side, if needed.)									**Total**	

We have reviewed the information above. The recommended payment for the work is appropriate and does not compensate for types of work or levels of effort that are within reasonable expectations of the employee's regular duties and responsibilities.

*****If acting in more than 1 role noted below, please sign primary role (and clearly type or print your name) and initial other lines.*****

Forms missing required signatures (or initials as noted) **WILL BE RETURNED FOR CORRECTION**

_____ _____
Initiating Supervisor *(responsible for additional work)* ***Date*** ***please type name***

_____ _____
Div / Unit Financial Manager ***Date*** ***please type name***

_____ _____
Dean / Director *(responsible for additional work)* ***Date*** ***please type name***

Clear Form

Return to Employment Services - 128 School Street - Gorham Campus